

State of Vermont
Standardized Plan Designs
Preliminary Rates Filed - April 1, 2013
DRAFT - For Discussion Purposes Only

	Deductible Plans				HDHPs	
	Platinum	Gold	Silver	Bronze	Silver	Bronze
Deductible/OOP Max	Revised	Original	Revised	Revised	Revised	Original
Type of Plan	Deductible	Deductible	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$150	\$750	\$1,900	\$3,500	\$1,550	\$2,000
Rx Ded	\$0	\$50	\$100	\$200	\$1,250	\$1,250
Integrated Ded	No	No	No	No	Yes	Yes
Medical OOPM	\$1,250	\$4,250	\$5,150	\$6,400	\$5,750	\$6,250
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
Integrated OOPM	No	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive	Preventive	Preventive
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient ¹	10%	20%	40%	50%	20%	50%
Outpatient ²	10%	20%	40%	50%	20%	50%
ER ³	\$100	\$150	\$250	50%	20%	50%
Radiology (MRI, CT, PET)	10%	20%	40%	50%	20%	50%
Preventive	\$0	\$0	\$0	\$0	0%	0%
PCP Office Visit	\$10	\$15	\$20	\$35	10%	50%
MH/SA Office Visit	\$10	\$15	\$20	\$35	10%	50%
Specialist Office Visit ⁴	\$20	\$25	\$40	\$80	20%	50%
Urgent Care	\$40	\$45	\$60	\$100	20%	50%
Ambulance	\$50	\$50	\$100	\$100	20%	50%
Rx Generic	\$5	\$5	\$12	\$20	\$10	\$12
Rx Preferred Brand	\$40	\$40	\$50	\$80	\$40	40%
Rx Non-Preferred Brand	50%	50%	50%	60%	50%	60%
Actuarial Value						
Federal AVC, Adjusted if Necessary	88.1%	80.2%	71.8%	61.8%	68.7%	60.9%
BCBSVT Proposed Rates (4/1/13)						
Single	\$604.17	\$524.23	\$453.52	\$368.60	\$427	\$371.19
Couple	\$1,208.34	\$1,048.46	\$907.04	\$737.20	\$854	\$742.38
Parent and Child(ren)	\$1,166.05	\$1,011.76	\$875.29	\$711.40	\$824.11	\$716.40
Family	\$1,697.72	\$1,473.09	\$1,274.39	\$1,035.77	\$1,199.87	\$1,043.04
MVP Proposed Rates (4/1/13)						
Single	\$614.77	\$531.66	\$441.38	\$346.08	\$442.45	\$377.16
Couple	\$1,229.54	\$1,063.32	\$882.76	\$692.16	\$884.90	\$754.32
Parent and Child(ren)	\$1,186.51	\$1,026.10	\$851.86	\$667.93	\$853.93	\$727.92
Family	\$1,727.50	\$1,493.96	\$1,240.28	\$972.48	\$1,243.28	\$1,059.82

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

2 Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

3 ER copay is waived if admitted.

4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.